



**Lake Washington Moorage Agreement Holder Information
Additional Owner Information**

PLEASE PRINT

Boat Owner's Name: _____
Last Name First Name

Contact Information: _____
Best Phone Number Email Address

Add'l Boat Owner: _____
(at same address) Last Name First Name Relationship

Contact Information: _____
Best Phone Number Email Address

Mailing Address: _____
(If different address) Street (PO Box) City, State Zip

Additional Boat Owner: _____
(If different address) Last Name First Name Relationship

Contact Information: _____
Best Phone Number Email Address

Mailing Address: _____
(If different) Street (PO Box) City, State Zip

Vessel Information:

Vessel Type: Power or Sail Boat Make: _____ Boat Year: _____ LOA: _____

Boat Name: _____ Boat Description: (color, ID features) _____

Washington State Registration Number (required): _____

US Coast Guard Registration (not required): _____

Insurance Company: _____ Policy Number: _____

Moorage: Lakewood Leschi North Leschi South

Slip #: _____ Dry Slip Area: _____